PTO/SB/21 (02-09)

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Fees pursuant to	Complete if Known									
	Application Number 10/8		10/806,9	806,980						
FEE	Filing Date	Filing Date March		22, 2004						
	First Named	First Named Inventor Yin		L. Cheung						
Applicant c	Examiner Na	Examiner Name Phu		lguyen						
	Art Unit 2628									
TOTAL AMOUNT OF PAYMENT (\$) 1080				Attorney Doc	Attorney Docket No. 33849					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 503385 Deposit Account Name: Crain Caton & James										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below										
Charge any additional fee(s) or underpayments of fee(s)										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038,										
FEE CALCUL	ATION									
1. BASIC FILI	NG, SEARCH, A									
i	FILII	NG FEES Small E		RCH FEES		OITANIN				
Application 1	Type Fee ((\$) <u>Fee (</u>		Small Entity Fee (\$)	Fee	/A1	Entity e (\$)	Fees Pai	d (\$)	
Utility	330	165	540	270	220			*****		
Design	220	110	100	50	140		70			
Plant	220	110	330	165	170		35			
Reissue	330	165	540	270	650	_				
Provisional	220	110	0	0	0		0			
2. EXCESS C				-		r	=	Small Entity		
Fee Description							ee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)							52	26		
Each independent claim over 3 (including Reissues)							220	110		
Multiple dependent claims <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						RA.	390 ultiple Der	195 pendent Clain		
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HP = highest nu	mber of total claims pa	aid for, if grea	ater than 20.			=		1.77.1.21.2 .	747	
Indep. Claims			Fee (\$) Fee	Paid (\$)		_				
3 or HP = x= HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION	ON SIZE FEE	·								
If the specific	ation and drawin	gs exceed	l 100 sheets of par	per (excluding	g electron	ically file	ed sequen	ce or comput	ter	
			pplication size fee			r small en	itity) for e	each addition	al 50	
sheets or f Total Shee	raction thereof.	See 35 U.	S.C. 41(a)(1)(G)	and 37 CFR 1	.16(s).	n tharaaf	Eee/	ė) Eco E	acid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x =										
4. OTHER FEE	 (S)			_, ,		•		— Foos	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Fees Paid									Paid (9)	
Other (e.g., late filing surcharge): Request for Oral Hearing 1080										
SUBMITTED BY										
Signature	Milliam P. Jansan/				egistration No. attorney/Agent) 36833			Telephone 713-658-2323		
Name (Print/Type)	nt/Tyne) William P. Jansen						Date March 27, 2009			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.